University of Reading

# *An analysis of social marketing practice: factors associated with success.*

Article

Published Version

Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

Open Access

Akbar, M. B. ORCID: https://orcid.org/0000-0003-3092-6878, Garnelo-Gomez, I. ORCID: https://orcid.org/0000-0002-8391-3221, Ndupu, L., Barnes, E. and Foster, C. (2022) An analysis of social marketing practice: factors associated with success. Health marketing quarterly, 39 (4). pp. 356-376. ISSN 1545-0864 doi: 10.1080/07359683.2021.1997525 Available at https://centaur.reading.ac.uk/101633/

It is advisable to refer to the publisher's version if you intend to cite from the work. See Guidance on citing.

To link to this article DOI: http://dx.doi.org/10.1080/07359683.2021.1997525

Publisher: Taylor & Francis

All outputs in CentAUR are protected by Intellectual Property Rights law, including copyright law. Copyright and IPR is retained by the creators or other copyright holders. Terms and conditions for use of this material are defined in the End User Agreement.

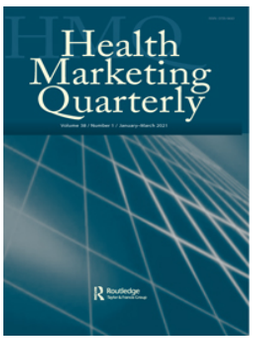
www.reading.ac.uk/centaur

University of Reading

**CentAUR**

Central Archive at the University of Reading

Reading's research outputs online



Routledge
Taylor & Francis Group

Health Marketing Quarterly

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/whmq20

# An analysis of social marketing practice: Factors associated with success

M. Bilal Akbar, Irene Garnelo-Gomez, Lawrence Ndupu, Elizabeth Barnes & Carley Foster

**To cite this article:** M. Bilal Akbar, Irene Garnelo-Gomez, Lawrence Ndupu, Elizabeth Barnes & Carley Foster (2021): An analysis of social marketing practice: Factors associated with success, Health Marketing Quarterly, DOI: 10.1080/07359683.2021.1997525

**To link to this article:** https://doi.org/10.1080/07359683.2021.1997525

© 2021 The Author(s). Published with license by Taylor & Francis Group, LLC

Published online: 16 Nov 2021.

Submit your article to this journal

Article views: 335

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=whmq20

HEALTH MARKETING QUARTERLY
https://doi.org/10.1080/07359683.2021.1997525

Routledge
Taylor & Francis Group

OPEN ACCESS Check for updates

# An analysis of social marketing practice: Factors associated with success

M. Bilal Akbar[a], Irene Garnelo-Gomez[b], Lawrence Ndupu[c], Elizabeth Barnes[d], and Carley Foster[c]

[a]Nottingham Trent University, Nottingham, United Kingdom; [b]University of Reading, Reading, United Kingdom; [c]University of Derby, Derby, United Kingdom; [d]University of Stirling, Stirling, United Kingdom

**ABSTRACT**

This paper aims to identify factors that contribute to the success of current social marketing practices. These factors include setting clear behavior change objectives and segmentation that informs communication and messaging strategies. Other factors include rigorous research (consumer research, formative research, literature review), pre-testing of interventions, developing a partnership approach, using planning methodologies/theories, and monitoring and evaluation. These success factors could be used for policymakers, governments, agencies and social marketers delivering interventions focussed on healthy lives and well-being. The examples given in this study illustrate how these factors can be achieved, providing a focus for discussion and emulation.

**KEYWORDS**

Monitoring and evaluation; partnership; planning; pre-testing; research; segmentation; success factors

## Introduction

*"Less than half of the global population is covered by essential health services"* (United Nations, 2020, p. 8). This reality has become even more salient during the COVID-19 pandemic, with health services worldwide struggling to cope with the outbreak (CNBC, 2020). This and other social and environmental challenges are progressively growing in importance and responses to these are being included as part of major health-related strategies followed by organizations such as Unilever (Calabrese et al., 2018). One way to address these big health challenges is through social marketing. Social marketing is recognized as a suitable approach to encourage behavior change at the individual (French, 2017), organizational (Ewing, 2012), and systemic levels (Truong et al., 2019). More specifically, social marketing aims to promote healthy lives and well-being for individuals, communities

**CONTACT** M. Bilal Akbar bilal.akbar@ntu.ac.uk Nottingham Trent University, Nottingham, United Kingdom.

© 2021 The Author(s). Published with license by Taylor & Francis Group, LLC
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

and societies (Bhat et al., 2019). According to the World Health Organisation, healthy living is *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (WHO, 2016, p. 1). Whereas well-being can be defined as a state in which *"individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge"* (Dodge et al., 2012, p. 230). Our approach to well-being for this study is based on the work of Diener et al. (2009) and Diener and Seligman (2004). They argue that well-being is an outcome measure beyond morbidity, mortality, and economic status. Diener et al.'s (2009) and Diener and Seligman's (2004) well-being approach focuses on people's perceptions of their own lives based on self-perceived health, health behaviours, longevity, productivity, mental and physical well-being, and factors associated with the physical and social environment. In addition, Diener et al.'s (2009) and Diener and Seligman's (2004) well-being work captures the social marketing focus, therefore making it appropriate for this study.

Despite the importance of social marketing in designing successful health and well-being interventions at downstream, midstream and upstream levels (Khajeh et al., 2015; Wood, 2016), the criteria for success have not been explored yet. Even though evidence exists on factors associated with social marketing success (Kotler et al., 2002; Kotler and Armstrong, 2016; Lee and Kotler, 2011; Lin, 2014), these factors remain notional; the evidence from real-life social marketing practice in a health and well-being context is minimal. Furthermore, in many cases, Andreasen's (2002) benchmark criteria and Robinson-Maynard et al. (2013) 19 step criteria are considered as predictors of success in social marketing (Kubacki and Szablewska, 2019). However, these criteria are component-based rather than providing details on the process of designing successful interventions, are conceptual, and considered dated as social marketing theory has recently moved forward (Akbar et al., 2019). This identifies a vital research gap within social marketing, as there is no recent and up-to-date guidance on success factors based on current practice. Therefore, our study aims to explore these factors using a qualitative analysis by answering the following research question:

- What factors in social marketing practice contribute to the success of health and well-being-related interventions?

## Background

### *Social marketing and health and well-being*

Social marketing has extensively contributed to tackling health issues (Behnampour et al., 2021) as it aims to deliver value by confronting health-related behaviors and achieving specific behavioral goals for social good (Donovan, 2011). Early manifestations of social marketing in the 1960s focused on promoting health messages (Andreasen, 2006). More recently, social marketing interventions have proven successful when addressing physical health issues (Pettigrew et al., 2012) and mental health challenges (Sampogna et al., 2017). Examples include the "Quit Line" campaign, developed in Washington (US) to provide counseling support over the phone to those quitting smoking, which contributed to a decrease of almost 25% in the use of cigarettes (Cheng et al., 2011). In another campaign aimed at increasing the physical activity of Canadian children, a clear and specific message resulted in children being active for 60 minutes a day, 4.7 days per week, as reported by their mothers (Lee and Kotler, 2016). Similarly, the "Time to Change" program, focused on ending mental health discrimination in England, contributed to a decrease of 4% in the overall level of discrimination reported by people experiencing mental health issues and a 6% decrease in the number of people losing a job as a consequence of a mental health problem (NSMC, n.d.). The success of these interventions is associated with a strong consumer research foundation, which helped the organizations involved understand their different target audiences at a deeper level.

Despite many examples of apparently successful health and well-being campaigns, an analysis of the literature presents very little scholarly research explicitly focused on factors that contribute to the success of the interventions. Even though social marketing has provided an effective approach to health professionals (Firestone et al., 2017), some professionals may seem to lack a unifying knowledge about practical guidance on social marketing (Grier and Bryant, 2005), resulting in inconclusive and inconsistent outcomes (Firestone et al., 2017). There is not yet an acknowledged research focus in social marketing on factors that ensure the success of health and well-being interventions and have the potential to generate consistent results.

### *Social marketing planning process*

Social marketing interventions are likely to succeed if they follow a planning model (Goethals et al., 2020). This is probably because planning models help social marketers to get a better understanding of the causality of

the social problem they are aiming to tackle and the barriers to the change in behavior (Wymer, 2011). Major authors in social marketing propose different approaches to social marketing planning. Some examples include the benchmark criteria (Andreasen, 2002), social marketing planning process (Lee and Kotler, 2011), social marketing planning model (Weinreich, 2010) and the hierarchical model of social marketing (French and Russell-Bennett, 2015). More recent planning approaches focus on the accessibility, desirability and feasibility of social marketing interventions (Cohen and Andrade, 2018), achieving behavior maintenance and sustainable outcomes (Akbar et al., 2021; White et al., 2019). However, Andreasen's (2002) benchmark criteria remain widely accepted in the field of social marketing and are considered essential when developing social marketing interventions (Akbar et al., 2020). Andreasen's (2002) benchmark criteria proposed that while designing social marketing interventions 1) behavior change should be the focus of the intervention, 2) consumer research should be conducted at the beginning, 3) segmentation and targeting should be carefully considered, 4) the 4 Ps of the marketing mix should be taken into account, 5) the design of the intervention should be focused on creating attractive/motivational exchanges with the target audience and 6) competing behaviors should be acknowledged.

Although Andreasen's benchmark criteria (2002) have been widely used in social marketing, they are not devoid of limitations. For example, they are built around conceptual terms (component-based) rather than procedural approaches (process-based). The criteria outline important steps that should be followed in the planning, designing and implementing interventions, yet they lack an explanation of how each procedure should be carried out (Wettstein and Suggs, 2016). In any case, Andreasen's approach has been extensively used in social marketing, with interventions adhering to the benchmark criteria established to be more successful in achieving behavior change (Carins and Rundle-Thiele, 2014). Indeed, social marketing programs are often evaluated against certain criteria to determine (i) if they truly represent social marketing instead of health promotion and (ii) understand how well they will perform. The effectiveness of social marketing against these criteria has been evidenced in health and well-being systematic reviews, for example, physical activity (Kubacki et al., 2017; Goethals et al., 2020) and improving diet and tackling substance misuse (Gordon et al., 2006). More recently, a systematic review by Firestone et al. (2017) demonstrated how social marketing impacts health outcomes and health behaviors, using Andreasen's criteria to benchmark the programs. However, the findings showed research/evidence gaps in certain health indicators, and that evaluation rigor needs strengthening, thereby recommending that more social marketing programs should report health

outcomes and/or deploy experimental design. Likewise, some systematic reviews that used Andreasen's criteria found a lack of evidence for the efficacy of social marketing in achieving health outcomes (Akbar et al., 2020), which raises doubt over whether these criteria are outdated or insufficient. Furthermore, Firestone et al. (2017) recognize the challenge regarding how social marketing could be disentangled from other potentially effective intervention strategies such as health promotion or social and behavior change communications, which is important given the whole systems approach to have a unifying framework in place.

Despite the importance of using a social marketing planning model and the range of models available, not all social marketing interventions adhere to a specific planning model in their planning and design when developing interventions in practice (Pastrana et al., 2020). For instance, a 14-year review of social marketing interventions to minimize alcohol harm found that none of the interventions included a complete planning model (Kubacki et al., 2015). Furthermore, there is only minimal literature that critiques existing planning models of social marketing (Akbar et al., 2019), highlighting a need to reflect on current practice to gain further insights into the extent to which models and frameworks are used in the field.

Thus, in this paper, we aim to address these gaps in knowledge by mapping out our findings against Andreasen's (2002) criteria, using the criteria as a benchmark when identifying success factors linked to the interventions acknowledged by the research participants (i.e., health and well-being experts in the field of social marketing). We also aim to explore if Andreasen's approach was used in the health and well-being-related interventions identified in this study or if, on the contrary, other success factors were also considered.

## Methods

This study is ethically approved by the ethics committee, University of Derby, UK. A qualitative research design, using semi-structured expert interviews (Patten and Newhart, 2018), was employed to gather data utilized to address the research question. Purposive sampling was used to identify and select expert participants who were particularly knowledgeable or proficient with the subject being investigated (Creswell, 2013). A total of 24 potential participants were identified and approached in three conferences (the Academy of Marketing, European Social Marketing Conference and World Social Marketing Conference). Using the following pre-defined essential inclusion criteria supported by Arcury and Quandt (1999), 10 participants agreed to be interviewed. These all had:

- Experience (minimum of five years) in social marketing as a practitioner/academic.
- Experience in planning, designing and implementing at least one successful social marketing intervention.

Even though a sample of ten participants is considered acceptable (Bogner et al., 2009), it may be seen as a limitation for this study, implying that we are unable to generalize the findings. However, the findings still provide valuable insights in line with the objectives of qualitative research, particularly as the collected data draws upon eminent practitioners in the field of social marketing. In addition, the selected sample accurately represents a small but globally scattered community of social marketing experts (Lee, 2020). The sample chosen involves 170 years of cumulative work experience in the field as social marketing experts. Moreover, the selected participants have been directly involved in approximately 60 social marketing and behavior change interventions and produced around 400 publications on the topic.

Four of the participants were females and six males, and three were from the UK, three from the USA, two from Australia, one from the Middle East, and one from Belgium. All the participants had a public health and social marketing background. The participants were involved in diverse interventions such as public health nutrition, mental health, sexual health, family planning, HIV associated campaigns, anti-smoking, domestic violence, anti-obesity, physical activity promotion, drink and drive and road accidents and environmental campaigns.

The interviews were conducted online using audio/video, recorded with prior consent from the participants, and transcribed verbatim. Interviews ranged from approximately 30 to 70 minutes in duration, with an average duration of 40 minutes. Given the significance of factors that contribute to the success of social marketing programs (Liao, 2020), two major themes, which were informed by the literature review, were explored during the interviews. These themes include an exploration and identification of (1) successful social marketing interventions and (2) factors that were explicitly associated with the success of the social marketing interventions to achieve transformative social change to influence individual and mass behaviors. Given the focus of the study, participants were encouraged to share their experiences of health and well-being interventions and provide detailed descriptions to facilitate theoretical development (Glaser and Strauss, 2017).

Interview transcriptions were sent back for participant validation before the data analysis process started to reduce potential researcher(s) bias (Maxwell and Reybold, 2015). The data generated was then manually analyzed using Braun and Clarke's (2006) six-step framework of thematic

analysis. Initially, the research team familiarised themselves with the interview transcripts. Following this, two authors assigned preliminary codes to the data in order to describe the content, and themes were then searched in the preliminary codes across the different interviews. The research team held several meetings to review and agree on the identified themes before labeling them manually, to reduce possible bias and increase the validity of the themes.

## Findings

### *Behaviour change objectives, segmentation, and communication*

The most common factors reported for successful social marketing interventions were collective use of behavior change objectives, segmentation, and communication strategies. Most participants indicated that the objectives of the interventions and the focus on a segment of the population, often in terms of age group and/or a specific audience, helped to bring about an anticipated change in behavior, as this quote illustrates:

> "We developed a public health awareness-building campaign among young people, in a particular region in the United States where the awareness of public health and public health programmes was pretty low among younger audience … we used social media for awareness building … . I think it was pretty successful in raising awareness." (Participant #1).

Similarly,

> "So, this was a campaign that was funded by the US Federal Government for a particular region of the United States that covered eight different states, kind of, in the middle of the country. The goal was to reduce the number of unintended pregnancies among young women between the ages of 18 and 24" (Participant #3).

Additionally, an end-of-life care intervention focusing on a specific audience, which initiates an effective approach to change people's behaviour through conversations about the type of end-of-life care they would wish to receive, was accentuated as a success factor of social marketing interventions:

> " … the challenge is that lots of people die without having set out what their wishes are upon their death. So, things like a will, only about one-third of people have a will. The big behavioural change we wanted was for people to start conversations and record them, in terms of their end-of-life care wishes." (Participant #8).

According to some participants, effective communication and suitable messaging using traditional media such as radio commercials, newspapers advertisements, and brochures were deemed the best ways to convey information about contraceptive methods and ways to talk to partners about contraception. However, others believed that using contemporary media

such as social media platforms as a communication strategy to encourage the priority audience to talk about public health resulted in an increased awareness among young people about public health programs available to support them. For example, Participant #3 said:

> "So, radio was a huge way to reach them, as well as there were particular, like, bars and nightclubs that these young women tended to go to. We had newspaper ads, and nowadays, that's not something that I would even think of for this audience. So that was what we had done, and it turned out to be quite effective."

Participant #1 agreed and mentioned, "We launched a social media campaign to get young people to talk about public health and public health systems."

Most of the interventions discussed by the participants were focused on the primary segment, such as the old generation in the end-of-life care intervention, young women in family planning intervention and middle-aged men in drink and drive intervention. Focusing on one primary segment is a fundamental practice in marketing and social marketing. However, it was found that the identified interventions also focused on the second segment(s), such as GPs, healthcare workers, family and friends of younger adults, to support the development and implementation of successful interventions. For example, Participant #8 mentioned,

> "…., more importantly, was the setting outs and clear behavioural objectives aimed at different segments of the population. The big behavioural change we wanted was for people to start conversations and record them in terms of their end-of-life care wishes. And there were four big categories of different kinds of people that we were aiming at, so older men and women, younger children, younger adults, sort of, to pre-prepare them for this kind of issue, and GPs and other health care workers were the kinds of, key target groups."

Furthermore, even though targeting one segment is common in social marketing, our study suggests that interventions dealing with complex health-related issues are more likely to succeed when supported with a second segment. The use of secondary segment(s) not only helped to understand the social issues at a deeper level (e.g., in the case of end-of-life care intervention). It also strengthened the development of SMART behavior change objectives, ultimately informing the most suitable communication channels for the priority audience. This suggests a strong link between the selected segment, behavioral objectives and communication methods. Participant #3 offered an example to support this,

> "…. we found out that there were certain sections of the newspapers that they tended to pay attention to. So, like, the advice column, like, I don't know if you're familiar with 'Dear Abby' but, like, people write in letters for advice and… this person who gives them advice on what they should do. So that was the section that they always paid attention to, and the comics and things like that so, we bought ad

space on those pages, and with the radio stations, we found out specifically which stations they tended to listen to."

The results suggest that the interventions are likely to succeed with an equal emphasis on setting specific behavior change objectives, targeting clear primary and 'related' secondary segment(s) and designing effective communication strategies. Targeting a specific segment informs the messaging and material development and tailors communication methods based on the needs and demands of the target audience. Moreover, targeting the second segment(s) contributes to the success of interventions, particularly those that deal with complex social issues such as unwanted teenage pregnancies.

### *Research and pre-testing*

Various forms of research were reiterated as success factors for social marketing interventions. For example, Participant #2 mentioned using marketing research to understand why people would be interested in an intervention. Participant #3 also emphasized using diverse research methods to understand the phenomenon under investigation better. For example,

"… the campaign really started with focusing on learning as much about the topic as possible, did a literature review, did interviews with key informants who knew this population well and who knew the topic well, then we did some focus groups with young women."

Similarly, Participant #10 suggested,

"… so we did those focus groups and learned a lot, it was really helpful for us to really find out what are the barriers, what are the benefits and, what language they used when they talked about this issue. And based on what we learned from that, at this time were looking at our evaluation, starting from the very beginning of development."

Some participants highlighted the importance of gaining more insight into the target audience through the collection of data on current attitudes, beliefs, and practices. They believed that using consumer research to gain insights about the target audience and thus selecting the right segment to focus on was a key success factor of the identified interventions. For example, Participant #8 mentioned,

"So, we did a lot of research, gathered what data we could about their current practice, their current attitudes and beliefs and developed the segmentation model that would target them."

Alternatively, some interventions do not require formative research and literature review to understand the social issue in more detail. For example, a lack of awareness of public health programs among young people was a

well-known issue in one particular area of the US, requiring a specific intervention to improve the awareness level among the target audience. An understanding of the demographic characteristics of the target audience was considered enough to launch the intervention as suggested by participant #1. The overall aim was achieved by improving awareness among young people regarding the facilities offered by public health. "Our campaign, it was mostly awareness building, and we were successful" (Participant #1).

Additionally, some participants used research to understand consumers' language (i.e., the language they use in their daily life and the language they can relate to) as it appeared to affect intervention uptake, particularly in relation to overcoming language barriers, which increased the success of the interventions. Understanding the priority audience's language further adds to the success of the intervention in the form of developing effective messages which were well received and understood. For example, "… . we created a couple of brochures as well, one of them was just basic information about the different contraceptive methods, written in their own language, in language that they could relate to" (Participant #4).

While discussing research to gain insight into the priority audience(s), some participants strongly echoed pre-testing as a supportive element that contributed to the success of social marketing interventions. One participant indicated that an initial pilot testing of their focus groups, aimed at using birth control, was useful in identifying barriers, benefits and language the participants used when talking about birth control:

> "… we had done a pilot campaign, the focus groups that we did were divided into three different segments. We looked at those who consistently used birth control—those who did not consistently use it and also those who had become pregnant unintentionally. It was really helpful for us to find out what are the barriers, what are the benefits and what language they used when they talked about this issue" (Participant #3).

Likewise, another participant believed that a road accident prevention intervention was successful at reducing drink driving because it was pre-tested before implementation:

> "They tested it before they implemented it, and they recognised the role that it had in the wider social marketing strategy, and it seemed to work quite well. So, whilst the campaign was on, they managed to reduce drink driving, and what's quite impressive" (Participant #5).

These results suggest that there were no specific criteria used for pre-testing. The main purpose of pre-testing the interventions discussed by the participants was to check the rationality of the interventions, messages and communication channels before implementation. The interventions that used pre-testing were government-sponsored and thus had access to

money for pre-testing. It is unlikely that pre-testing would have occurred otherwise.

### *Monitoring and evaluation*

The interviewees indicated that monitoring and evaluation was another major success factor for social marketing interventions. One participant stated that pre-and post-evaluation of a family planning intervention was essential in measuring the awareness of family planning clinics, improving attitudes and increasing the use of birth control. They explained:

> "… we did a knowledge, attitude, and behaviour survey at the beginning of this process; it was randomised from surveys in both of these communities. We did it again at the end. There were, about half of the people that we reached through the follow-up phone survey said that they had been exposed to at least some part of the campaign and, when we looked at things like awareness of the family planning clinics that we were promoting, that doubled. Attitudes also increased a lot from pre-test and pro … post-test, about 11% said that they had, actually used birth control more often because of the campaign" (Participant #3).

Similarly, another participant, while talking about an intervention aimed at end-of-life care, believed that monitoring and evaluation carried out pre- and post-intervention helped in determining if people had started planning for their death:

> "What we found was that there was a significant increase in the number of people starting to have those conversations and putting those plans in place" (Participant #8).

Both interventions (i.e., end-of-life care and family planning) were sensitive subjects to discuss and address, often involving other people than those directly involved. These findings support our earlier argument about the need to focus on more than one segment to tackle complex social issues. To measure the campaign's impact, post-intervention evaluation was conducted not only on the priority audience but also on others involved in the campaigns, such as GPs and family members. Both of these interventions were government-funded and thus could afford to carry out pre-and post-intervention evaluations.

Furthermore, Participant #3 believed that incorporating evaluation techniques right at the developmental phase of the intervention would help to understand the impact as the intervention progressed. "And so, based on what we learned from that … , at this time were looking at our evaluation, starting from the very beginning of development."

Participant #9 shared a similar thought,

> "… when I think about in the environmental world, I would say some of the work that XXXX does, you know, has good monitoring and evaluation. Very successful

intervention because of strong monitoring and evaluation techniques using the theory of change."

Whilst monitoring and evaluation techniques were commonly used to measure the success of social marketing interventions; the participants described a wide range of methods being used. Examples included measuring short- and long-term output using the theory of change, impact evaluation, pre-and post-evaluation and the incorporation of evaluation in the planning stages of interventions. Regardless of the methods used, the results show that monitoring and evaluation helped identify what went well and what did not and facilitated those managing the programs to measure the overall performance of the interventions. The government-funded interventions appeared to adopt more rigorous monitoring and evaluation at various stages of the program(s), most likely driven by public money accountability demands.

### *Partnership approach*

The interviews highlighted that the collaboration with individuals and various organizations was a major strategy that could be used to successfully implement social marketing interventions. Participant #4 highlighted work relating to family planning that was successful because of the partnership formed between pharmaceutical companies and market research experts:

"… .it was a great model because we partnered directly with the pharmaceutical companies, and so we were using their skills and assets. So, it was really a win/win model where, you know, in return for them cutting the price, we brought in all the market research expertise and often paid for some of the promotional interventions. And at the end of the day, they still made money, which is what they cared about, and we got the product into the hands of the poor people that needed them. So, it really worked quite well."

Likewise, Participant #8 explained that since they had limited funds to advertise and promote an intervention focused on helping people to talk more openly about end-of-life, a collaborative approach was adopted to develop a network of people and organizations that promoted the message about the end-of-life more widely:

"Didn't have enough money to go down a marketing and promotions route via advertising and promotions, that kind of thing. So, we decided to adopt a coalition model instead, so this was about building a coalition of organisations and individuals to promote this message. The initial aim was to get 10,000 organisations and people into that coalition. The last time the evaluation was done, there were over 20,000 organisations."

These results demonstrated that the partnership approach is commonly practiced while dealing with complex and sensitive social issues. These

social issues require a collaborative approach from stakeholders other than the priority audience to tackle issues and deliver solutions. One method of developing collaboration is mitigating competition from the profit sector and using them as partners to work together towards a common goal. For example, in a family planning intervention that aimed to reduce conception and improve sexual health, the major issue noted was high condom prices resulting in the promotion of unprotected sex among the target audience because of their poor economic conditions. This family planning intervention became a collaboration between social marketers running the intervention and those retailers selling condoms. This resulted in the promotion of safe sex through the reduction in condom prices. This was a win–win approach, with all parties benefitting from the partnership. However, the partnership approach was not considered a prominent factor contributing to the success of the intervention when dealing with less complicated social issues, such as developing public health awareness among young people or controlling drink and drink behavior among middle-aged men.

### *Use of planning models/theories*

The interviewees acknowledged that they used a variety of planning models and theories, which they felt helped to contribute to the success of the health and well-being interventions. Such models include the "Classic Marketing" model, used in traffic interventions (Participant #2); the "Health-Belief" model used in family planning interventions (Participants #4); "Lee and Kotler's" planning model used in drink and drive interventions (Participant #7); the "Systematic Social Marketing Planning Approach" and the "STELa" model, used in an intervention on the end-of-life care (Participant #8); and the "Community-Based Social Marketing Framework", used in interventions focused on mental health (Participant #10). In contrast, Participant #3 reported using their own planning frameworks, which they had developed based on their own experiences in the field.

The results further show that even though some social marketing interventions were described as successful and there was evidence of participants using planning frameworks, a minority of participants felt that using no planning models did contribute to the intervention's success. This was particularly true if the intervention used a new method of communication, as this comment indicates in relation to a campaign focused on public health awareness building: "We launched a social media campaign to get young people to talk about public health and public health systems. It did not follow a particular model, but social media was relatively new at the time. I think it was pretty successful in raising awareness" (Participant #1).

This finding suggests that using a planning model or theory as a structural framework to help manage the interventions can lead, in the majority of cases, to success, particularly when more typical methods of intervention and communication are adopted. Furthermore, the models or theories used in the identified interventions appeared to provide a useful stepwise guide for those who were involved in the planning, designing and implementing interventions. A range of models was used; however, none of the participants referred to Andreasen's (2002) benchmark criteria, despite it being the most established framework in social marketing planning.

## Discussion

This study aimed to identify success factors from current social marketing practice. At present, there is no unified approach, guidance or direction available for social marketing practitioners or health and well-being professionals (i.e., those who deploy social marketing practices) on success factors to use in practice. Nevertheless, there appeared to be certain factors that determined the success of interventions, as identified in this study. These success factors are related to behavior change objectives, segmentation, and communication; research and pre-testing; monitoring and evaluating; adoption of a partnership approach and the utilization of planning frameworks. If we compare these success factors with Andreasen's benchmark criteria (2002), we find some commonalities with our findings but, importantly, some differences in terms of success factors. This provides a valuable assessment of the success factors found in working practices, as illustrated in Table 1. If combined with an assessment of evidence from emerging themes in social marketing, this could inform and help establish a framework and guidance for social marketers and health professionals seeking to achieve transformative change for the greater good.

This research identifies three success factors that strongly correspond to Andreasen's criteria (2002) and partially link to "promotion" in the marketing mix. However, as Andreasen (2002) asserts, the adoption of "promotion" alone is not sufficient to designate an intervention as "social marketing" (Carins and Rundle-Thiele, 2014). In addition, three other success factors (i.e., monitoring and evaluation, a partnership approach and use of planning models/theories) that are not widely reported in the literature are presented. Therefore, the full set of success factors identified in this research is not recognized in any one set of published criteria, model or framework. Furthermore, the findings of this research show that a wide range of models or frameworks are cited when considering their use as a success factor, indicating an inconsistency in the application of models within social marketing practice, and surprisingly, Andreasen's

**Table 1.** Comparison of Andreasen's Benchmark Criteria (2002) and success factors identified in the study.

| Andreasen Benchmark Criteria (2002) | Match | Success factors of social marketing interventions (findings) | |
|---|---|---|---|
| Behavior change<br>The intervention seeks to change behavior and has specific, measurable behavioral objectives. | → | Behavior change objectives | The most commonly cited factor often focussed on a segment of the population. |
| Consumer research<br>Intervention is based on an understanding of consumer experiences, values and needs. Formative research is conducted to identify these. Intervention elements are pre-tested with the target group. | → | Research and pre-testing | Various forms of research (other than consumer research) and pre-testing prior to implementation. |
| Segmentation and targeting<br>Different segmentation variables are considered when selecting the intervention target group. The intervention strategy is tailored for the selected segment(s). | → | Segmentation | Assists targeting of behavior change objectives and supports communication strategies targeted to priority audiences. |
| Marketing mix<br>Intervention considers the best strategic application of the "marketing mix." This consists of the four Ps of "product," "price," "place" and "promotion." Other Ps might include "policy change," or "people" (e.g., training is provided to intervention delivery agents). Interventions that only use the promotion P are social advertising, not social marketing. | → | Communication | Effective communication strategies and suitable messages needed when communicating with priority audiences. |
| Exchange<br>Intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return. The offered benefit may be intangible (e.g., personal satisfaction) or tangible (e.g., rewards for participating in the program and making behavioral changes). | | | |
| Competition<br>Competing forces against behavior change are analyzed. Intervention considers the appeal of competing behaviors (including current behavior) and uses strategies that seek to remove or minimize this competition. | | | |
| | Emerging themes | Monitoring and evaluation | Determine the quality of outcomes and assess when an intervention is on course or when to make changes. |
| | | Partnership approach | Collaboration to extend funds and increase reach. |
| | | Use of planning models/theories | Acknowledgment of a wide range of models/theories. |

(2002) criteria were not mentioned. Therefore, social marketing practitioners may be missing key success criteria or steps when designing interventions as not all follow a specific model/framework (French and Gordon 2020).

Andreasen's (2002) benchmark criteria was an important landmark because it was the first contribution to social marketing theory which considered both upstream and downstream factors to tackle complex issues. Its popularity and ease of use mean that Andreasen's criteria are widely accepted in social marketing theory and practice. However, our findings suggest that whilst this might be useful criteria to apply to interventions, the experts in our study did not use Andreasen's (2002) benchmark criteria. Instead, they used alternative frameworks, including their own, to monitor, manage and evaluate the success of their programs, suggesting that frameworks are nevertheless useful for social marketing practitioners. It is acknowledged that of the emerging themes in social marketing theory such as behavior maintenance (Carvalho and Mazzon 2020), value co-creation (French and Russell-Bennett, 2015), systems thinking (Domegan et al. 2016), design thinking (Lefebvre and Kotler, 2011), and critical social marketing (Gordon, 2011), only the "partnership approach" was identified by our study participants as a success factor. It can thus be argued that the partnership approach has already been mentioned in the literature as an effective approach to successful outcomes (Luca et al., 2016; Weinreich, 2010). However, this is the first time the partnership approach has been collectively considered with other success factors by the participants. In our study, the value of the partnership approach was particularly prevalent when dealing with sensitive issues. While experts did not refer to new developments in social marketing (such as those mentioned above) during the interviews, this does not necessarily mean that these approaches were not considered when designing and implementing the interventions. Nevertheless, the fact that interviewees did not voluntarily mention these approaches might suggest that they are not identified as key to the campaign's success. Therefore, further evidence is needed about the saliency and role of these factors, such as systems and design thinking, value co-creation, behavior maintenance and critical social marketing in achieving desired health and behavioral outcomes. Furthermore, our study also found that some of the factors, such as pre-testing and rigorous monitoring and evaluation, which helped to ensure the success of an intervention, were only made possible due to additional funding and/or requirements of the received funding. These are the factors not explicitly identified in models like the one put forward by Andreasen (2002).

Moreover, it could be argued that the feedback received by the participants on the set of factors associated with the success of the identified

interventions may not appear new to social marketing readership and scholarship, particularly if they are viewed in isolation. In highlighting an emphasis on setting behavior change objectives and communication channels based on an appropriate segment(s), combined with a focus on robust research and pre-testing, setting up monitoring and evaluation channels, developing a partnership approach when dealing with complex issues and using planning models/theories to plan, design and implement interventions, participants may have unfolded known facts that support existing social marketing literature. However, success factors identified in this study are not collectively included in any existing social marketing planning approach (e.g., Andreasen's benchmark criteria or models mentioned by the participants), suggesting that the success factors available in theory differ from those in practice. This highlights an important research gap in social marketing theory, which can be bridged by adding a broader range of success factors as identified in this study in the social marketing toolbox. An up-to-date social marketing toolbox offering a broader range of success factors would allow practitioners to adopt a flexible approach towards planning, designing and implementing health and well-being interventions. This flexible approach would be informed by social marketing theory as well as current best practices.

## Conclusion

This study contributes to the existing literature by determining, exemplifying, and illustrating success factors that emerged from the current practice necessary for designing and delivering effective health and well-being social marketing interventions. Since social marketing is maturing as a field by celebrating its 50th anniversary, in order to move forward to tackle complex social challenges, reflection on the current practice is necessary. Currently, there is little to no acknowledgment of the success factors emerging from the current practice in social marketing. Therefore, we believe that the success factors found in our study are sufficient to inform and reinforce the future practice. Moreover, this study has confirmed the value of traditional social marketing planning approaches and highlighted that current social marketing practice tends to go beyond the scope of traditional approaches such as Andreasen's benchmark criteria (2002) to achieve success, identifying a gap between theory and practice. The success factors identified in this study have the full potential to bridge this gap by offering a well-rounded approach to practitioners for future practice.

## Funding

The author(s) reported there is no funding associated with the work featured in this article.

## ORCID

M. Bilal Akbar http://orcid.org/0000-0003-3092-6878

## References

Akbar, M. B., French, J., & Lawson, A. (2019). Critical review on social marketing planning approaches. *Social Business*, *9*(4), 361–393. https://doi.org/10.1362/204440819X15633617555894

Akbar, M. B., French, J., & Lawson, A. (2020). Use of social marketing in sexual health: An exploratory review. *Social Business*, *10*(4), 365–381. https://doi.org/10.1362/204440820X15929907056698

Akbar, M. B., Ndupu, L. B., French, J., & Lawson, A. (2021). Social marketing: Advancing a new planning framework to guide programmes. *RAUSP Management Journal*, *56*(3), 266–281. https://doi.org/10.1108/RAUSP-08-2020-0186

Andreasen, A. R. (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy & Marketing*, *21*(1), 3–13. https://doi.org/10.1509/jppm.21.1.3.17602

Andreasen, A. R. (2006). *Social marketing in the 21st century*. Sage Publications.

Arcury, T. A., & Quandt, S. A. (1999). Participant recruitment for qualitative research: A site-based approach to community research in complex societies. *Human Organization*, *58*(2), 128–133. https://doi.org/10.17730/humo.58.2.t5g838w7u1761868

Behnampour, M., Shams, M., Hassanzadeh, R., Ghaffarian Shirazi, H., Naderi, H., & Kariminejad, Z. (2021). Using social marketing to persuade Iranians to donate blood. *Health Marketing Quarterly*, 1–10. https://doi.org/10.1080/07359683.2021.1940786

Bhat, S. A., Darzi, M. A., & Hakim, I. A. (2019). Understanding social marketing and well-being: A review of selective databases. *Vikalpa: The Journal for Decision Makers*, *44*(2), 75–87. https://doi.org/10.1177/0256090919861010

Bogner, A., Littig, B., & Menz, W. (2009). Introduction: Expert interviews — An introduction to a new methodological debate. In: A. Bogner, B. Littig, W. Menz (Eds.), *Interviewing experts*. Research Methods Series. London: Palgrave Macmillan.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Calabrese, A., Castaldi, C., Forte, G., & Levialdi, N. G. (2018). Sustainability-oriented service innovation: An emerging research field. *Journal of Cleaner Production*.

Carins, J. E., & Rundle-Thiele, S. R. (2014). Eating for the better: A social marketing review (2000–2012). *Public Health Nutrition*, *17*(7), 1628–1639. https://doi.org/10.1017/S1368980013001365

Carvalho, H. C., & Mazzon, J. A. (2020). Embracing complex social problems. *Journal of Social Marketing*, *10*(1), 54–80. https://doi.org/10.1108/JSOCM-03-2019-0049

Cheng, H., Kotler, P., & Lee, N. R. (2011). *Social marketing for public health*. Jones and Bartlett Publishers.

CNBC. (2020). *Lacking beds, masks and doctors, Europe's health services struggle to cope with the coronavirus. Health and Science*. https://www.cnbc.com/2020/04/03/coronavirus-italy-spain-uk-health-services-struggle-to-cope.html

Cohen, J. B., & Andrade, E. B. (2018). The ADF framework: A parsimonious model for developing successful behavior change interventions. *Journal of Marketing Behavior*, *3*(2), 81–119. https://doi.org/10.1561/107.00000046

Creswell, J. W. (2013). *Research design: Qualitative, quantitative and mixed method aproaches* (2nd edn). SAGE Publications Inc.

Diener, E., Lucas, R., Schimmack, U., & Helliwell, J. (2009). *Well-being for public policy*. Oxford University Press.

Diener, E., & Seligman, M. E. P. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest*, *5*(1), 1–31. https://doi.org/10.1111/j.0963-7214.2004.00501001.x

Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining well-being. *International Journal of Wellbeing*, *2*(3), 222–235. https://doi.org/10.5502/ijw.v2i3.4

Domegan, C., McHugh, P., Devaney, M., Duane, S., Hogan, M., Broome, B. J., Layton, R. A., Joyce, J., Mazzonetto, M., & Piwowarczyk, J. (2016). Systems-thinking social marketing: Conceptual extensions and empirical investigations. *Journal of Marketing Management*, *32*(11–12), 1123–1144. https://doi.org/10.1080/0267257X.2016.1183697

Donovan, R. (2011). Social marketing's mythunderstandings. *Journal of Social Marketing*, *1*(1), 8–16. https://doi.org/10.1108/20426761111104392

Ewing, M. T. (2012). *Social marketing* (First Edition). Routledge. https://doi.org/10.4324/9780203049174

Firestone, R., Rowe, C. J., Modi, S. N., & Sievers, D. (2017). The effectiveness of social marketing in global health: A systematic review. *Health Policy and Planning*, *32*(1), 110–124. https://doi.org/10.1093/heapol/czw088

French, J. (2017). *Social marketing and public health: Theory and practice* (2nd ed.). Oxford University Press.

French, J., & Gordon, R. (2020). *Strategic social marketing: For behaviour and social change* (2nd ed.). SAGE Publications, Inc.

French, J., & Russell-Bennett, R. (2015). A hierarchical model of social marketing. *Journal of Social Marketing*, *5*(2), 139–159. https://doi.org/10.1108/JSOCM-06-2014-0042

Glaser, B. G., & Strauss, A. L. (2017). Discovery of grounded theory: Strategies for qualitative research (First Edition), Aldine Transaction. https://doi.org/10.4324/9780203793206

Goethals, L., Barth, N., Hupin, D., Mulvey, M. S., Roche, F., Gallopel-Morvan, K., & Bongue, B. (2020). Social marketing interventions to promote physical activity among 60 years and older: A systematic review of the literature. *BMC Public Health*, *20*(1), 1–11. https://doi.org/10.1186/s12889-020-09742-x

Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: what's the evidence? *Public Health*, *120*(12), 1133–1139. https://doi.org/10.1016/j.puhe.2006.10.008

Gordon, R. (2011). Critical social marketing: Definition, application and domain. *Journal of Social Marketing*, *1*(2), 82–99. https://doi.org/10.1108/20426761111141850

Grier, S., & Bryant, C. A. (2005). Social marketing in public health. *Annual Review of Public Health*, *26*(1), 319–339. https://doi.org/10.1146/annurev.publhealth.26.021304.144610

Khajeh, E., Dabestani, R., & Fathi, S. (2015). The role of upstream and downstream social marketing in electricity consumption management. *International Journal of Business Innovation and Research*, *9*(3), 311–328. https://doi.org/10.1504/IJBIR.2015.069138

Kotler, P., & Armstrong, G. (2016). *Principles of marketing European edition*. Pearson. https://doi.org/10.2307/1250103

Kotler, P., Roberto, N., & Lee, N. (2002). *SOCIAL improving the quality of life* (p. 438). Sage Publication.

Kubacki, K., Ronto, R., Lahtinen, V., Pang, B., & Rundle-Thiele, S. (2017). Socialmarketing interventions aiming to increase physical activity among adults: A systematic review. *In Health Education*. https://doi.org/10.1108/HE-02-2016-0008

Kubacki, K., Rundle-Thiele, S., Pang, B., & Buyucek, N. (2015). Minimising alcohol harm: A systematic social marketing review (2000–2014). *Journal of Business Research*, *68*(10), 2214–2222. https://doi.org/10.1016/j.jbusres.2015.03.023

Kubacki, K., & Szablewska, N. (2019). Social marketing targeting Indigenous peoples: A systematic review. *Health Promotion International*, *34*(1), 133–143. https://doi.org/10.1093/heapro/dax060

Lee, N. R. (2020). The future of social marketing: Let's get it in orbit by 2025!. *Social Marketing Quarterly*, *26*(1), 3–13. https://doi.org/10.1177/1524500419889141

Lee, N. R., & Kotler, P. (2011). *Social marketing: Influencing behaviors for good* (4th ed.). Thousand Oaks.

Lee, N. R., & Kotler, P. (2016). *Social marketing: Changing behaviors for good* (5th ed.). Sage Publications.

Lefebvre, R. C., & Kotler, P. (2011). Design thinking, demarketing and behaviorale conomics: Fostering interdisciplinary growth in social marketing. In: G. Hastings, K. Angus, & C. Bryant (Eds.), *The SAGE handbook of social marketing* (pp. 80-94). SAGE Publications Ltd.

Liao, C.-H. (2020). Investigating the key success factors of social marketing in promoting environmental consciousness: A dematel-based approach. *International Journal of Marketing Studies*, *12*(2), 1. https://doi.org/10.5539/ijms.v12n2p1

Lin, M. M. (2014). Key success factors in enterprises practicing social marketing. *Revista Internacional de Sociologia*, 72(Extra_2), 33–41.https://doi.org/10.3989/ris.2013.08.07

Luca, N. R., Hibbert, S., & McDonald, R. (2016). Towards a service-dominant approach to social marketing. *Marketing Theory*, *16*(2), 194–218. https://doi.org/10.1177/1470593115607941

Maxwell, J. A., & Reybold, L. E. (2015). Qualitative research. In *International encyclopedia of the social & behavioral sciences* (2nd ed.). Elsevier Science Ltd. https://doi.org/10.1016/B978-0-08-097086-8.10558-6

Pastrana, N. A., Lazo-Porras, M., Jaime Miranda, J., Beran, D., & Suzanne Suggs, L. (2020). Social marketing interventions for the prevention and control of neglected tropical diseases: A systematic review. *PLOS Neglected Tropical Diseases*, *14*(6), e0008360. https://doi.org/10.1371/journal.pntd.0008360

Patten, M. L., & Newhart, M. L. (2018). *Understanding research methods: An overview of the essentials* (10th edn). Routledge.

Pettigrew, S., Pescud, M., & Donovan, R. J. (2012). Traffic light food labelling in schools and beyond. *Health Education Journal*, *71*(6), 746–753. https://doi.org/10.1177/0017896911424659

Robinson-Maynard, A., Meaton, J., & Lowry, R. (2013). Identifying key criteria as predictors of success in social marketing: Establishing an evaluation template and grid (ETG). In K. Kubacki & S. Rundle-Thiele (Eds.), *Contemporary issues in social marketing* (pp. 41–58). Cambridge Scholars Publishing.

Sampogna, G., Bakolis, I., Evans-Lacko, S., Robinson, E., Thornicroft, G., & Henderson, C. (2017). The impact of social marketing campaigns on reducing mental health stigma: Results from the 2009–2014 time to change programme. *European Psychiatry*, *40*, 116–122. https://doi.org/10.1016/j.eurpsy.2016.08.008

Truong, V. D., Saunders, S. G., & Dong, X. D. (2019). Systems social marketing: A critical appraisal. *Journal of Social Marketing*, *9*(2), 180–203. https://doi.org/10.1108/JSOCM-06-2018-0062

United Nations. (2020). *THE 17 GOALS | Sustainable development*. Department of Economic and Social Affairs.

Weinreich, N. K. (2010). *What is social marketing? Weinreich Communication: Change for Good*. www.Social-Marketing.com

Wettstein, D., & Suggs, L. S. (2016). Is it social marketing? The benchmarks meet the social marketing indicator. *Journal of Social Marketing*, *6*(1), 2–17. https://doi.org/10.1108/JSOCM-05-2014-0034

White, K., Habib, R., & Hardisty, D. J. (2019). How to SHIFT consumer behaviors to be more sustainable: A literature review and guiding framework. *Journal of Marketing*, *83*(3), 22–49. https://doi.org/10.1177/0022242919825649

WHO. (2016). *WHO | Constitution of WHO: Principles*. WHO.

Wood, M. (2016). Midstream social marketing and the co-creation of public services. *Journal of Social Marketing*, *6*(3), 277–293. https://doi.org/10.1108/JSOCM-05-2015-0025

Wymer, W. (2011). Developing more effective social marketing strategies. *Journal of Social Marketing*, *1*(1), 17–31. https://doi.org/10.1108/20426761111104400